

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

May 4, 2026

[REDACTED]  
WRC PENNSYLVANIA MEMORIAL HOME  
[REDACTED]

RE: LAURELBROOKE PERSONAL CARE  
133 LAURELBROOKE DRIVE  
BROOKVILLE, PA, 15825  
LICENSE/COC#: 42463

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/18/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LAURELBROOKE PERSONAL CARE License #: 42463 License Expiration: 03/02/2026
Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825
County: JEFFERSON Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: WRC PENNSYLVANIA MEMORIAL HOME
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 50 Waking Staff: 38

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 02/18/2026

Inspection Dates and Department Representative

02/18/2026 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 Residents Served: 32

Secured Dementia Care Unit

In Home: Yes Area: Harmony Circle Capacity: 20 Residents Served: 18

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 18 Have Physical Disability: 0

Inspections / Reviews

02/18/2026 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2026

03/17/2026 - POC Submission

Submitted By: [Redacted] Date Submitted: 04/28/2026
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/24/2026

Inspections / Reviews *(continued)*

## 03/25/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/01/2026

## 05/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

Direct care staff A and B were suspended on [REDACTED] pending the investigation of an allegation of abuse. Both staff returned to work on [REDACTED]. However, the Department's investigation did not conclude until [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/25/2026)

Effective 2/18/26, the Administrator will not have employees return to work unless cleared by DHS in the event of an allegation of abuse.

Effective 2/18/26, any employee who is on suspension following reports of abuse, will remain on suspension until DHS reviews and makes a final determination.

Completion date for Administrator's review of records will be completed by 4/20/26.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented [REDACTED] 05/04/2026)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 03/25/2026)

On 2/19/26, Administrator forwarded record of diploma to [REDACTED] for Direct Care Staff B. Direct Care Staff A was notified on 3/9/26 that [REDACTED] must provide a copy of diploma or transcript from [REDACTED] high school.

Administrator began employee record audits on 3/9/26 to review receipt of diploma, GED or CNA license. Target completion date is 4/6/26. Staff member will be notified immediately if such documentation is not on record with request to provide the document within one week of notification.

Licensee's Proposed Overall Completion Date: 04/06/2026

Implemented [REDACTED] 05/04/2026)

65e - 12 Hours Annual Training

3. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

- 1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.

## 65e - 12 Hours Annual Training (continued)

**Description of Violation**

Direct care staff B, hired [REDACTED] received 2 hours of training during the January 2025 to December 2025 training year.

**Plan of Correction**

Accept [REDACTED] - 03/25/2026)

Administrator will review all staff training records to ensure that each staff person has 12 hours of training. Audits will begin 3/13/26 and will occur weekly until deadline of 3/10/26 for completion.

If a staff member, during the audits, is noted to require additional hours of training/education, the staff member will be scheduled with the Administrator to complete the hours by 4/20/26.

In the year 2026, Direct Care Staff "B" will have additional hours of training/education. Additional hours will be documented in the staff training record and will be completed by 4/20/26.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented [REDACTED] - 05/04/2026)

## 65f - Training Topics

**4. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

Direct care staff B, hired [REDACTED], did not receive training during the January 2025 to December 2025 training year in the following topics: medication self administration, instruction on meeting resident needs through the DME/RASP, infection control, personal care service needs of the resident and safe management techniques

**Plan of Correction**

Accept [REDACTED] - 03/17/2026)

Administrator will complete all staff training records to ensure that each staff person has documented trainings of: medication self-administration, instruction on meeting resident needs through DME/RASP, infection control, personal care service needs of the resident and safe management techniques. Audits will begin 3/13/26 and will occur weekly until all staff records have been reviewed. Deadline will be 4/20/26 for completion.

In the year 2026, Direct Care Staff "B" will have additional hours of training/education regarding the topics noted above. Additional hours will be documented in staff training record. Hours will be spread out and completion will occur by 12/31/26.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented [REDACTED] - 05/04/2026)

65f - Training Topics (continued)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 5. Falls and accident prevention.

Description of Violation

Direct care staff B, hired [redacted], did not receive training during the January 2025 to December 2025 training year in the following topics: Fire safety, emergency preparedness and falls and accident prevention

Plan of Correction

Accept [redacted] - 03/25/2026)

Administrator will review all staff training records to ensure that each staff person has documented trainings of: fire safety, emergency preparedness, falls and accident prevention. Audits will begin 3/13/26 and will occur weekly until deadline of 4/10/26 for completion.

If a staff member, during the audits, is noted to require additional hours of training/education, the staff member will be scheduled with the Administrator to complete the hours by 4/10/26.

In the year 2026, Direct Care Staff "B" will have additional hours of training/education regarding the topics above. Additional hours will be documented in the staff training record and will be completed by 4/10/26.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented [redacted] - 05/04/2026)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] annual medical evaluation, dated [redacted] indicates the following diagnoses: [redacted], [redacted]. However, the resident's assessment and support plan, dated [redacted], does not address these diagnoses.

Plan of Correction

Accept [redacted] - 03/25/2026)

Beginning 3/12/26, Administrator and Resident Care Coordinator will review each resident's support plan and compare to the most recent medical evaluation to ensure diagnosis is listed on the support plan.

When changes/updates are noted within the audit, the Administrator and/or Resident Care Coordinator will immediately update the RASP with use of an addendum form to reflect the changes.

227d - Support Plan Medical/Dental (continued)

*Audits will continue weekly until all resident records have been completed with target end date of 4/9/26.*

**Licensee's Proposed Overall Completion Date: 04/09/2026**

**Implemented [REDACTED] 05/04/2026)**